

UTAH SEARCH AND RESCUE FINANCIAL ASSISTANCE APPLICATION

COUNTY _____

CASE # _____

(Assigned by County/Sheriff)

SEARCH INITIATED DATE _____ TIME _____ AM / PM

Brief Description of Incident: _____

☐ Search/Rescue ☐ Training ☐ Equipment
Please Select Application Type

REIMBURSABLE EXPENSES (ATTACH ALL RECEIPTS/DOCUMENTATION)**A) RENTAL / OTHER**

1) Rental for fixed wing aircraft, helicopters, boats and generators: \$ _____

2) Other equipment or expenses necessary or appropriate for conducting SAR activities: \$ _____

B) REPLACEMENT / UPGRADE OF SAR EQUIPMENT

*Required explanation of what was purchased and what it will be used for: \$ _____

C) TRAINING OF SAR VOLUNTEERS

Name/type of course: \$ _____

TOTAL \$ _____REQUEST PREPARED BY: _____
NAME RANK DATEREQUEST APPROVED: _____
SHERIFF DATEMAKE CHECK PAYABLE TO: _____

_____**MAIL TO: DIVISION OF EMERGENCY SERVICES
ATTN: ADMINISTRATION SECTION
1110 STATE OFFICE BUILDING
BOX 141710
SALT LAKE CITY, UT 84114**

I certify that the above report and listing of expenses is true and correct. I have attached all applicable receipts and understand that I am responsible for disbursement of monies to all agencies or groups that assisted in this search incident. I do further certify that no part of the foregoing claim has been paid by the State of Utah or any other source. Supportive documents may be available upon request.

FOR DIVISION USE ONLYREQUEST RECEIVED: _____ BY: _____
DATE

REQUEST APPROVED: _____ BY: _____

SUBJECT INFORMATION

REPORTING PERSON _____

VICTIM(S)

Does Victim Reside In Your County?

1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Mark all that apply).

ACTIVITY	SITUATION	(If lost) LAST KNOWN POSITION	BRIEF DESCRIPTION OF INCIDENT
<input type="checkbox"/> Climber	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	_____
<input type="checkbox"/> Hiker	<input type="checkbox"/> Lost	<input type="checkbox"/> Last seen point	_____
<input type="checkbox"/> Hunter	<input type="checkbox"/> Stranded	<input type="checkbox"/> Abandoned car	_____
<input type="checkbox"/> Skier	<input type="checkbox"/> Injury	<input type="checkbox"/> Building	_____
<input type="checkbox"/> Snowmobile	<input type="checkbox"/> Illness	<input type="checkbox"/> Known route	_____
<input type="checkbox"/> Mtn. Biker	<input type="checkbox"/> Runaway	<input type="checkbox"/> Known destination	_____
<input type="checkbox"/> Aircraft	<input type="checkbox"/> Overdue	<input type="checkbox"/> Confirmed clue	_____
<input type="checkbox"/> Boat	<input type="checkbox"/> False alarm	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> _____		

RESPONSE: (Mark all that apply).

TYPE OF RESPONSE	RESCUE/RECOVERY TECHNIQUES USED	(If lost) SEARCH TECHNIQUES USED	BRIEF DESCRIPTION OF RESPONSE
<input type="checkbox"/> Standby only	<input type="checkbox"/> Assist/own power	<input type="checkbox"/> Confinement	_____
<input type="checkbox"/> Callout only	<input type="checkbox"/> Carry-out by foot	<input type="checkbox"/> Attraction	_____
<input type="checkbox"/> Land search	<input type="checkbox"/> Rock/acree evac.	<input type="checkbox"/> Hasty search	_____
<input type="checkbox"/> Water search	<input type="checkbox"/> Evac. by animal	<input type="checkbox"/> Visual tracking	_____
<input type="checkbox"/> Air search	<input type="checkbox"/> Watercraft evac.	<input type="checkbox"/> Search dogs	_____
<input type="checkbox"/> Rescue	<input type="checkbox"/> Evac. by vehicle	<input type="checkbox"/> Line search	_____
<input type="checkbox"/> Body recovery	<input type="checkbox"/> Aircraft evac.	<input type="checkbox"/> Air search	_____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____

RESULTS: (Mark all that apply).

SUBJECT WAS _____
FOUND/RESCUED Month ____ Day ____ Year ____ Time _____AM/ PM

☐ By SAR effort ☐ By him/herself ☐ Not found/rescued
☐ By bystanders ☐ Never needed help ☐

AS A RESULT OF SAR EFFORT, TOTAL NUMBER OF PERSONS FOUND _____ RESCUED _____ LIVES REALLY SAVED

REASON MISSION TERMINATED	FOUND IN	CLUES FOUND BY	BRIEF DESCRIPTION OF FIND/RESCUE
<input type="checkbox"/> Successful	<input type="checkbox"/> Primary search area	<input type="checkbox"/> Interrogation	_____
<input type="checkbox"/> Lack manpower	<input type="checkbox"/> Secondary search area	<input type="checkbox"/> Confinement	_____
<input type="checkbox"/> Lack equipment	<input type="checkbox"/> Area previously searched	<input type="checkbox"/> Attraction	_____
<input type="checkbox"/> Lack support	<input type="checkbox"/> Out of search area	<input type="checkbox"/> Hasty search	_____
<input type="checkbox"/> Lack clues	<input type="checkbox"/> Home, bar motel, etc.	<input type="checkbox"/> Visual tracking	_____
<input type="checkbox"/> Hazardous terrain	<input type="checkbox"/> _____	<input type="checkbox"/> Search dogs	_____
<input type="checkbox"/> Severe weather		<input type="checkbox"/> Line search	_____
<input type="checkbox"/> Authority decision		<input type="checkbox"/> Helicopter	_____
<input type="checkbox"/> Family decision		<input type="checkbox"/> Fixed wing	_____
<input type="checkbox"/> _____		<input type="checkbox"/> Subject's signal	_____
		<input type="checkbox"/> _____	_____

RESOURCES USED

MISSION WAS _____
CLOSED ON Month ____ Day ____ Year ____ Time _____AM/ PM

NOTE: Manhours and Equipment used should include time for MOBILIZATION, ENROUTE, MISSION & RETURN HOME

EQUIPMENT		# Persons
_____ Helicopters	_____ Flt. Hrs.	_____
_____ Fixed Wing	_____ Flt. Hrs.	_____
_____ Ambulance*	_____ Mi.	_____
_____ 2WD	_____ Mi.	_____
_____ 4WD	_____ Mi.	_____
_____ Boat	_____ Hrs.	_____
_____ Horses	_____ Hrs.	_____
_____ Dogs	_____ Hrs.	_____
_____ Snowmobiles	_____ Hrs.	_____
_____ A.T.V.s	_____ Hrs.	_____
_____		_____

TOTAL PERSONNEL/MAN-HOURS

of hours by paid personnel _____
of hours by volunteer non-paid SAR organizations _____
of hours by volunteer non-paid/non-SAR _____

Total # all man-hours _____

COMMENTS / PROBLEMS

(*If victim was billed, leave blank.)

FOR SAR BOARD USE ONLY

COMMENTS: (Reasons for Approval/Disapproval)

Reasons for approval:

(Mark all that apply).

- ☐ Training of SAR volunteers
- ☐ Fuel
- ☐ Food
- ☐ Rental of aircraft
- ☐ Rental of boats
- ☐ Repair
- ☐ Other equipment
- ☐ Replacement/Upgrade of equipment
- ☐ Other: _____

Reasons for disapproval:

(Mark all that apply).

- ☐ Non-reimbursable expense
- ☐ Non-compliance to Utah Law R700-1
- ☐ Receipts not attached
- ☐ Past deadline for review process
- ☐ Other:

Additional Comments:

REIMBURSABLE EXPENSES:

1- Amount Requested	\$
2- Amount Eligible	\$
3- Amount Approved	\$
4- Amount Awarded	\$
5- Training Money	\$
TOTAL DOLLARS PAID-OUT	\$

REQUEST APPROVED: _____ BY: _____
DATE NAME (SAR ADVISORY BOARD)

REQUEST DENIED: _____ BY: _____
DATE NAME (SAR ADVISORY BOARD)